

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	OEP.	IND.	OEP.	IND.	OEP.		IND.	OEP.	IND.	OEP.	IND.	OEP.
1	/						51						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						

BEST AVAILABLE COPY